



PTO/SB/17 (10-04) (modified)  
Approved for use through 7/31/2006, OMB 0651-0032  
Patent and Trademark Office; US DEPARTMENT OF COMMERCE

**2005**  
Effective 10/1/2004.  
**FEE TRANSMITTAL**

**TOTAL AMOUNT OF PAYMENT**

Subtotal (1) + Subtotal (2) + Subtotal (3) = **(\$ 290.00)**

**Complete if Known**

Application Number	10/074,096
Filing Date	February 12, 2002
Inventor	Charles E. Taylor et al.
Group Art Unit	1753
Examiner Name	Rodney G. McDonald
Attorney Docket Number	SHPR-01028US4

**METHOD OF PAYMENT**

**1. The Commissioner is hereby authorized to:**

- ☐ Charge the indicated fees to the below mentioned deposit account.
- ☒ Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account.
- ☐ Applicant claims small entity status. See 37 CFR 1.27.

Deposit Account Number: 06-1325  
Deposit Account Name: Fliesler Meyer LLP

- 2. ☒ Payment Enclosed:**  
[X] Check [ ] Other

**FEE CALCULATION** (fees effective 10/1/04)

**1. FILING FEE**

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
1001/\$790	2001/\$395	Utility Filing	<input type="text"/>
1002/\$350	2002/\$175	Design Filing	<input type="text"/>
1004/\$790	2004/\$395	Reissue	<input type="text"/>
1005/\$160	2005/\$80	Provisional Filing	<input type="text"/>
<b>SUBTOTAL (1)</b>			<b>(\$ 0)</b>

**2. CLAIMS**

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description
1202/\$18	2202/\$9	Claims in excess of 20
1201/\$88	2201/\$44	Independent claims in excess of 3
1203/\$300	2203/\$150	Multiple dependent claim
1204/\$88	2204/\$44	Reissue independent claims over original patent
1205/\$18	2205/\$9	Reissue claims in excess of 20 and over original patent

**3. ADDITIONAL FEES**

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
1051/\$130	2051/\$65	Surcharge - late filing fee or oath	<input type="text"/>
1052/\$50	2052/\$25	Surcharge-late provisional filing fee or cover sheet	<input type="text"/>
1812/\$2,520	1812/\$2,520	For filing a request for <i>ex parte</i> reexamination	<input type="text"/>
1251/\$110	2251/\$55	Extension for response within first month	<input type="text"/>
1252/\$430	2252/\$215	Extension for response within second month	<input type="text"/>
1253/\$980	2253/\$490	Extension for response within third month	<input type="text"/>
1254/\$1,530	2254/\$765	Extension for response within fourth month	<input type="text"/>
1255/\$2,080	2255/\$1,040	Extension for response within fifth month	<input type="text"/>
1401/\$340	2401/\$170	Notice of Appeal	<input type="text"/>
1453/\$1,370	2453/\$685	Petition to revive unintentionally abandoned application	<input type="text"/>
1501/\$1,370	2501/\$685	Utility Issue Fee (Or Reissue)	<input type="text"/>
1502/\$490	2502/\$245	Design Issue Fee	<input type="text"/>
1460/\$130	1460/\$130	Petitions to the Commissioner	<input type="text"/>
1814/\$110	2814/\$55	Statutory Disclaimer	<b>110</b>
1806/\$180	1806/\$180	Submission of Information Disclosure Statement	<b>180</b>
8021/\$40	8021/\$40	Recording each patent assignment per property (times number of properties)	<input type="text"/>
1809/\$790	2809/\$395	Filing a submission after final rejection (37 CFR 1.129(a))	<input type="text"/>
1801/\$790	2801/\$395	Request for Continued Examination (RCE)	<input type="text"/>
Other fee (specify):			<input type="text"/>
Other fee (specify):			<input type="text"/>
<b>SUBTOTAL (3)</b>			<b>(\$ 290)</b>

(Col. 1)		(Col. 2)		(Col. 3)		Fee Due	
For	No. of Existing Claims	Highest No. Previously Paid For		Extra**	Fee		
TOTAL	42	20 or 90	=	0	x	=	0
INDEP	7	3 or 12	=	0	x	=	0
[ ] First presentation of multiple dependent claim						=	0

\* Subtract the greater number of Col. 2

\*\* If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3

**SUBTOTAL (2)** **(\$ 0)**

**SUBMITTED BY**

Typed or Printed Name **Jeffrey R. Kurin**

Signature

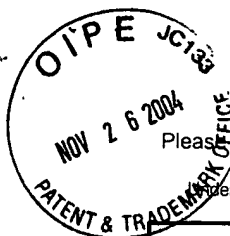
*Jeffrey R. Kurin*

**Complete (if applicable)**

Reg. Number **41,132**

Date

**November 24, 2004**



Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (04-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number	10/074,096
		Filing Date	February 12, 2002
		Inventor	Charles E. Taylor et al.
		Group Art Unit	1753
		Examiner Name	Rodney G. McDonald
Total Number of Pages in This Submission (Excluding References)	19	Attorney Docket Number	SHPR-01028US4

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Certificate of Mailing	<input type="checkbox"/> Formal Drawings	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Fee Transmittal with Deposit Account Authorization	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Check for \$290.00	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Itemized Postcard
<input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> After Final	<input checked="" type="checkbox"/> Eighth Information Disclosure Statement, PTO-1449, <u>5</u> References	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Request for RCE	<input checked="" type="checkbox"/> Certificate of Ownership	
<input type="checkbox"/> Declaration	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Application Data Sheet	Remarks: The Information Disclosure Statement submitted and paid for herewith is being submitted on the same date as an electronic IDS; therefore, no fee is due for the electronic IDS	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Fliesler Meyer LLP Jeffrey R. Kurin, Reg. No. 41,132
Signature	
Date	November 24, 2004

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date below.			
Typed or printed name	Linda Saunders		
Signature		Date	November 24, 2004

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